West Yorkshire & Harrogate

Health and Care Partnership

Insight Report
Prepared for the Urgent and Emergency Care Programme Reset

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There is generally a preference for locally accessible services. Public transport can be a barrier when it is limited and costly. A triage system could reduce travelling between services, enable better planning, less reliance on carers, easier planning to get home (can assume they will be seen quicker and finished quicker if a booked appointment) people with specific needs, e.g. travel difficulties, could perhaps be prepared for/catered for perhaps somewhere closer to home. '*Services use bold signage and that 24-hour access and volunteer assistants are on hand'. (Page 24)and 'Services should be on regular bus routes; be located on the ground floor, with no stairs; and as local as possible'(page 23)* HWL, A snapshot of people with visual impairments' experiences of accessing health and care services in Leeds&24

A good Single Point of Access service: would be described by people as being: "*responsive and accessible 24 hours a day, reassuring and empathetic"* (HWK and HWC, The experience of people who contact the Single Point of Access (SPA) for adult mental health services in Kirklees and Calderdale, p. 10) "*Flexible enough to adapt to the needs of people with autism and learning disabilities"* Idem, p. 15) (HWL, Mental Health Crisis in Leeds, p. 2) (HWNY, What's Important to You?, p. 4)

*H*ealth settings must have good parking, good signage, be on a bus route and have legible notice information to be inclusive and meet patient need. Some find accessing A&E difficult due to physical impairments and long waiting times

The right services: Currently knowing where the right place to go is a particular problem in some groups. People from BAME backgrounds, aged 80+ or with physical or mobility impairments were particularly likely to report that they did not know where to go for urgent treatment except Accident and Emergency. (HW, NHS Long Term Plan, p. 49)

Students provide a particular challenge as many have not registered with a local GP. Students are more likely than non-students to believe they would go to A&E (Evaluation of the 2013-14, Winter Awareness Campaign Part 2: why do people access A&E)

Mitigating barriers to young people accessing health and care support (beyond school and youth groups) must also be a consideration (WCCG, Build our Futures Summit 11 May 2019, themes and feedback, p. 1).

People are aware that A&E is for emergency situations, and they believe that this is the only situation in which it is appropriate to call an ambulance. Making your own way to A&E, however, was viewed as appropriate for less serious injuries or conditions that people are unable to get help for elsewhere or those that might deteriorate if not treated early (Evaluation of the 2013-14, Winter Awareness Campaign Part 2: why do people access A&E).

Terminology can cause confusion as people report not knowing what urgent care means and how to access it (What do people think about the proposals for urgent treatment centres in Leeds? Engagement dates: 21st January 2019 – 15th April 2019). This lack of understanding potentially co-exists with a reported lack of awareness of the range of services people can access, a lack of clarity around where to go for any particular injury or condition, and the expectations that people have about getting treatment can all lead to under-use of the different services that people should be accessing (Evaluation of the 2013-14, Winter Awareness Campaign Part 2: why do people access A&E).

Primary care first: People in the region felt that easier access to GP appointments would help them stay well and this service would include 'an easier booking system', 'more appointments being available' and 'being able to see a GP quicker' (HW, NHS Long Term Plan, p. 15) (HWNY, NHS Long Term Plan: What Would North Yorkshire Do?, p. 9, p. 12 and p. 18) (HWNY, What's Important to North Yorkshire?, p. 5) (CCCG, Community Services: Engagement and Consultation Mapping, p. 7) (Age Friendly Leeds, Healthy

There were also strong indications that people favoured going to their GP over Accident and Emergency in the case of a medical emergency. This is because GP practices were familiar, convenient environments. (LCCG, What do people think about the proposals for urgent treatment centres in Leeds?, p .17)

Where else? The most popular places people said they contacted for advice prior to attending Accident and Emergency were: '*GP practices and phoning 111'*. This contact was usually made up to 24 hours before attending Accident and Emergency. (CCCG, A Week in Accident and Emergency Engagement Report, p. 3-4) 29

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Half of the people who attend Accident and Emergency said they did so because they *were unable to get an appointment with their GP*. About 70% of these people say there is *nothing that could have been done to prevent them from presenting at hospital*. (p. 3-4) (HWW, What Matters to People Using Accident and Emergency: A Report for the NHS Clinical Review of Standards, p. 17)

When people were referred to Accident and Emergency by another service, they did not always understand why. They also commented that their notes were not shared across services, which meant tests sometimes had to be repeated. (HWW, What Matters to People Using Accident and Emergency: A Report for the NHS Clinical Review of Standards, p. 17-18)

Digital approaches are preferable: for people with physical disabilities and people with learning disabilities/ASD there was more willingness for telephone and video medical appointments but a small number would be unable to do so because of their impairments. Must factor in requirements for visually impaired and those with limited English skills as they could present significant barriers.

People with visual impairments reported it was '*rare to be asked by their GP if they would like to receive correspondence in a large font*' (p. 7) some visually impaired people *struggled with the digital displays used in some GP surgeries or hospital waiting areas to notify them about their appointments*. (CCCG, Community Services: Engagement and Consultation Mapping, p. 8) Primary care and protected characteristics: age

Patient experience: waiting times matter and satisfaction was better when waiting times were less, or communication about waiting time was better. Satisfaction was better when patients felt healthcare staff took them seriously – this would potentially be less likely if they were in the right place (e.g. someone coming to A&E with an ankle sprain **will** be taken more seriously in a booked minor injuries unit than A&E).
In general, people were broadly positive about the care they received in Accident and Emergency, with many commenting that staff understood their needs and looked after them well. People tended to report a negative experience when they felt that they were not being listened to or taken seriously. (HWW, What Matters to People Using Accident and Emergency: A Report for the NHS Clinical Review of Standards, p. 14)

People said they would appreciate being given an *indication of how long they could expect to wait and having more comfortable seating*. (p. 4-5) (HWW, What Matters to People Using Accident and Emergency: A Report for the NHS Clinical Review of Standards, p. 19)

Trust and convenience are factors as people have confidence and trust in A&E and so believe it

provides the best place for them to get care. People believe A&E provides a convenient place to go, it can provide reassurance that an injury or condition is not serious and does not need further treatment, and it is perceived as offering the highest level of expertise (Evaluation of the 2013-14, Winter Awareness Campaign Part 2: why do people access A&E).

The most common reasons for going to A&E, are that people are advised to go by their GP, their GP practice isn't open at evenings and weekends, they want to be seen straight away, A&E is the only service that is open 24 hours, they are worried that their condition will get worse, and they cannot get a GP appointment when they want one. (Evaluation of the 2013-14, Winter Awareness Campaign Part 2: why do people access A&E)

Mental health is pertinent: faster access was cited as the most important way of improving mental health services. A call was made for a 27/7 mental health emergency support service, along with more understanding in primary and secondary care (HW, NHS Long Term Plan, p. 53-54). Those who do attend A&E with mental health difficulties often rate it as a poor experience (Idem, p. 1).

People with hearing impairments have reported difficulties communicating with mental health services. It is particularly difficult to get quick access to interpreting services during an emergency. (LCCG, Improving British Sign Language Interpreting Services in the NHS in Leeds, p. 5-7) (HW, NHS Long Term Plan, p. 58)

Digital concerns: Not having access to technology (limited access/cost and connection issues/data safety) has been the most frequently cited barrier to using digital services and potential to widen health inequalities (HW, NHS Long Term Plan, p. 36-38). A preference for personal contact was also cited, as well as fears around data safety. More people said they *'would prefer to access digital services using a mobile phone than a computer'*. (CCCG, Community Services Engagement and Consultation Mapping, p. 12)

Reasons cited for not taking up digital service offers include '*not enough services or information to access, especially regarding appointment booking'*, '*services not being user-friendly'* and ' *IT systems being unreliable and prone to crashing*' (HW, NHS Long Term Plan, p. 42-44)

Patient responsibility was only acknowledged by a minority, although some people felt that everyone needs to take more responsibility for their own health and be educated about this; 1% (20

respondents) felt there should be greater awareness and responsibility taken for not using services unnecessarily. People should be made aware of the costs to and impact on the NHS of not attending appointments, etc. “There is a lot of information already available, we should help ourselves to find it. Not be wholly dependent on NHS” “Educate everybody about when to use the doctor, when to use A&E and when to stay at home and recover” (HW, NHS Long Term Plan, p24)

Research has told us that some people deliberately called 111 with the expectation that they would be sent to A&E as they believed this gives their visit more legitimacy (Evaluation of the 2013-14, Winter Awareness Campaign Part 2: why do people access A&E).

There are a vast amount of communications and engagement messages that have been used across the Partnership in recent years in relation to accessing urgent and emergency care. A summary document is available outlining all of these. Leeds CCG ran a ‘talk before you walk ‘campaign in 2019 which included an extensive range of promotional resources including home advertising and digital assets.

People can be reluctant to change established behaviours in 2019 people were asked about the proposals for urgent treatment centres in Leeds. There was strong support for the proposed urgent treatment centres and most though it would improve access. However, a proportion thought they would have no effect or make access more difficult. Reasons for not improving access are that people already find it easy to access care; the centres are not located where they live, that people don’t intend to change what they currently do, and that they believe adding another option for urgent care is confusing. (What do people think about the proposals for urgent treatment centres in Leeds? Engagement dates: 21st January 2019 – 15th April 2019)

At present there are a number of public involvement pieces due to take places across WY&H in A&E Departments. Leeds are piloting a small number of bookable appointments when a triage/assessment is undertaken by a Nurse and patient feedback will be sought. Calderdale are currently speaking to those turning up at A&E in a piece of work led by Derbyshire. As a Partnership we will look at the high level themes coming from these pieces of work and update our communications and engagement plan and mapping report accordingly.

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References: Information to inform the insights below has been taken from the following documents:

What do people think about the proposals for urgent treatment centres in Leeds? Engagement dates: 21st January 2019 – 15th April 2019

Evaluation of the 2013-14 Winter Awareness Campaign, Part 2: why do people access A&E? Report for Rebecca Nichells, Leeds CCGs June 2014

WY&H HCP Engagement and consultation mapping 2020

Coronavirus Engagement Report for Stabilisation and Reset June 2020

Engagement and consultation mapping March 2019

NHS Long Term Plan, People from West Yorkshire, Harrogate and Craven Share Their Thoughts, June 2019

Audit about Communications and Engagement Messages for Urgent and Emergency Care 2018

Healthwatch Urgent and Emergency Care Engagement report 2016

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